Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

OMB No. 1545-0029

Schedule B (Form 941) for 2005: Report of Tax Liability for Semiweekly Schedule Depositors Department of the Treasury Internal Revenue Service

Fundamental desired						rt for this Quarter
Employer identification number	er				(Check	one.
Name (not your trade name)					1:-	January, February, March
					2:	April, May, June
					3:	July, August, September
					4:	October, November, December
		4 0				
						s. You must fill out this forn
and attach it to Form 9 Write your tax liabilities	41 0	if you are a semiweek n the numbered space	ly th	schedule depositor or you nat corresponds to the d	our tax liability on any ate wages were paid.	day is \$100,000 or more. See <i>Publication 15</i>
(Circular E) for details.						
Month 1	1		I			Tax liability for Month 1
1]]		17 	25	•	
2	10	-	18	26	•	
3	11		19	27		
4	12	-	20	28	•	
5	13	•	21	- 29	•	
6]]14		22	30	•	
7	15	•	23	31		
8	16		24			
Month 2	110		<u>-</u>			
1	9		17[25	•	Tax liability for Month 2
2	10		18		•	
3	11		19			•
4	12		20 l 		_	
5	13		21 l 	29	•	
6	14		22 l	30	•	
7	15	- 2	23 l	31	•	
8	16		24	•		
Month 3]		[Tax liability for Month 3
1	9	-	17]	25	•	Tax habitity for Month o
2	10		18 [26	•	
3	11	-	19	27	•	
4	12		20	28	•	
5	13		21	29	•	
6	14		22	30	•	
7]]15		23	31		
8] 16		24			
	ahi	lity for the guarter (Month 1 4	- N	Month 2 + Month 3) = Total tax	liability for the quarter	Total liability for the quarter
you. total ii		,			line 10 on Form 941)	_